



**EXHIBIT B**  
**MEDICAL RECORDS**

**Orena, Victor**

MRN: 520200765

**Matthew A. Loconte, MD**  
Physician  
Emergency Medicine

ED Continuation of Care    
Signed

Date of Service: 1/18/2025 8:38 PM

**ED Continuation of Care**

01/18/25  
~~8:38 PM~~

Sign out from Dr. Christian G. Klaucke, Md

Patient care assumed at signout. 90-year-old federally incarcerated male presented with shortness of breath. He has been in the emergency department for over 24 hours at time of care. Workup here shows question of pneumonia as well as heart failure. He has been unable to be weaned from high flow nasal cannula. Per previous team BiPAP was not considered due to the patient's dementia and concern for mental status and aspiration. On my exam he is comfortable sitting well on the high flow but continues to require high settings at 50 L and 90%. Will order repeat x-ray to evaluate for change as well as continue his supportive therapy here. Reportedly patient had been at Saint Elizabeth's however this is still pending for formal acceptance. Several other ICUs have been contacted without success.

Continued assessment patient continues to require high flow. X-ray shows no significant change in his underlying pulmonary opacities. Additional Lasix has been administered. In discussion with Tufts critical care team, patient has been accepted to Tufts ICU for continued care and evaluation. Due to the patient's high flow needs I have discussed with LifeFlight they are pending medical direction approval. Prison guards here have been made aware of the plan for transfer as well.

*Critical Condition 1/18/25*

**Critical Care:**

Critical care time (minutes): 65

Critical care time exclusive of teaching time, separately billable procedures, and treating other patients

Patient critically ill with the following condition(s): *Toxic respiratory failure, heart failure*Critical care was time spent personally by me on the following activities: *Development of treatment plan, discussions with other provider, documenting the case, medical decision making, ordering/performing treatments/interventions, re-evaluation of patient's condition, pulse oximetry and ordering and review of lab/imaging studies*

Date of Service: 1/18/2025 8:40 PM

**ED Course** as of 01/18/25 2038**Fri Jan 17, 2025**

2351 On independent interpretation of EKG in the absence of a cardiologist AV paced rhythm is noted. This is unchanged from prior. [PD]

**Sat Jan 18, 2025**

0101 I reevaluated the patient is in significant respiratory distress. He was given additional DuoNeb due to expiratory wheeze that was noted. However on bedside ultrasound there were bilateral B-lines noted in multiple lung fields. Patient's BNP also markedly elevated. Will administer 40 of IV Lasix. Will attempt BiPAP though I am a bit guarded due to patient's mental status. [PD]

0224 I assumed care at 2:24 AM of this 90M w/ cabg, alzheimer's, on 2L baseline, incarcerated p/w cough for few days w/

**TuftsMedicine**  
Tufts Medical CenterTufts Medical Center Health Information  
Management  
800 Washington Street  
Boston MA 02111-1552Orena, Victor  
MRN: 34605960, DOB: 8/4/1934, Legal Sex: M  
Adm: 1/18/2025, D/C: 1/30/2025**01/18/2025 - Admission (Discharged) in Tufts Medical Center Medical Surgical Unit (continued)**

H&amp;P (continued)

90 yo man with extensive PMH including CAD, HTN, HL, PPM, HFrEF, COPD, DM, AAA s/p repair, CVA, HL GERD, BPH s/p chronic foley, OA, Alzheimer's dementia, federally incarcerated transferred to TMC on HFNC for acute hypoxic respiratory failure. Patient is critically ill given high O2 requirements, at high risk for intubation. CT shows a large R pleural effusion/consolidation. Will start antibiotic coverage for CAP, f/u cxs and diurese as tolerated. Consider R thoracentesis. Remainder per resident note below.

The patient was critically ill during the time that I saw the patient. The Critical Care Time excluding procedures was 45 minutes.

**Tufts Critical Care Admission History & Physical Note****PATIENT:** Victor Orena**MRN:** 34605960**DATE OF ADMISSION:** (Not on file)**TIME:** 8:33 PM**PCP:** Bernham Yea, MD**CHIEF COMPLAINT:**

No chief complaint on file.

**HISTORY OF PRESENT ILLNESS:**

Victor Orena is a 90 y.o. male with a past medical history of CAD s/p DES to mid LAD (2022), HTN, HLD, AV block s/p PPM, HFrEF (EF 30%), ? COPD, DM2, AAA s/p repair in 2019; CVA, HLD, GERD, BPH with chronic foley, OA, Alzheimer's dementia, currently federally incarcerated initially presented to OSH for acute hypoxemic respiratory failure and now transferred to Tufts for further management.

Presented from jail to OSH about 24 hours ago for progressive SOB, dry cough. Initially on NC, but escalating O2 requirements requiring HFNC. Originally on 60L at 100%. Got chest CT showing large R sided effusion and consolidation.

Labs were notable for troponin 70--> 60s. pH 7.31, pCO2 60, bicarb 27, UA with 100 protein, trace ketones, negative nitrites, negative leukocyte esterase. Pro BNP 5,000. Lactate 1.5, COVID/Flu, RSV negative. WBC 7, Hgb 11.4, platelet 233.

Started on CTX, doxy, azithro. Given IV lasix and solumedrol. Was not started on BiPap given concerns for mental status.

On arrival, patient denies major complaints no chest pain/dyspnea. He feels his breathing has improved.

Printed on 2/13/25 1:28 PM



**FMC Devens DEV**

Patient:	ORENA, VICTOR (Male)	DOB:	08/04/34
Register#:	07540-085	Age:	90
Date:	02/24/25 09:18	Status:	OP
Slice count:	2		
History:	SOB		
Priors:			
Exams:	XR CXR 2 VIEWS		
Referring Phy:			
Ordering Phy:			
Ordering Phy #:			
Accession Numbers: 1.2.840.113619.2.203.4.2147483647.1740405354.491379			

**Final Report**

**Exam:** XR CXR 2 VIEWS

**HISTORY:** See above

**TECHNIQUE:** Frontal and Lateral views obtained

**COMPARISON:** 1/17/25

**FINDINGS:** The cardiac silhouette is enlarged. Low lung volumes. Stable pacemaker hardware. Pulmonary vascular congestion with bilateral interstitial edema. Right lower lung consolidation. Moderate right pleural effusion. Minimal left pleural fluid. No pneumothorax. Thoracic musculoskeletal structures are age appropriate.

**IMPRESSION:**

Radiographic findings consistent with congestive heart failure.

Right lower lobe consolidation favoring compressive atelectasis with moderate right and minimal left pleural effusion. Underlying infection is not excluded.

Radiologist: Maurice Yu, MD

Study first marked ready to read at 09:18, study last marked ready to read at 09:18, initial results transmitted at 10:08

**Bureau of Prisons  
Health Services  
Clinical Encounter - Administrative Note**

Inmate Name:	ORENA, VICTOR	Sex:	M	Race:	WHITE	Reg #:	07540-085
Date of Birth:	08/04/1934	Provider:	D'Addeo, Joseph RN/UR	Facility:	DEV	Unit:	N02
Note Date:	01/27/2025 09:46						

**Reviewed Health Status:** No

Admin Note - Community Hospital Report encounter performed at Health Services.

**Administrative Notes:**

ADMINISTRATIVE NOTE 1

Provider: D'Addeo, Joseph RN/UR

Tufts Medical Center Report

1/27- This is a 90 y/o patient with Alzheimer's Disease, Dementia, cardiomyopathy, CAD, and other chronic conditions. He has been admitted with acute hypoxic respiratory failure secondary to pleural effusion. He underwent a thoracentesis which was subsequently complicated by a pneumothorax. A chest tube has been placed and he was able to be transferred off the ICU over the weekend. He is currently alert and oriented to self with some confusion and forgetfulness. He is stable on 2 liters of oxygen via N/C. No discharge plans currently, but they anticipate he will require skilled nursing level care after hospital discharge.

**Copay Required:** No

**Cosign Required:** No

**Telephone/Verbal Order:** No

Completed by D'Addeo, Joseph RN/UR on 01/27/2025 10:08

**Bureau of Prisons  
Health Services  
Clinical Encounter**

Inmate Name: ORENA, VICTOR  
Date of Birth: 08/04/1934  
Encounter Date: 01/30/2025 14:19

Sex: M Race: WHITE  
Provider: Fandreyer, F. FNP

Reg #: 07540-085  
Facility: DEV  
Unit: P01

**Reviewed Health Status:** Yes

Advanced Practice Provider - Medical Trip Return encounter performed at Health Services.

**SUBJECTIVE:**

COMPLAINT 1 Provider: Fandreyer, F. FNP

Chief Complaint: Medical Trip Return

Subjective: 90 year old MDU resident with no PRD . PMH: Alzheimer's type dementia, complete heart block (battery replaced 4/11/2022), aortic aneurysm, HFrEF, hyperlipidemia, hypertension, DMII, OA bilateral knees, hemorrhoids, tinea cruris, latent TB, polyneuropathy, coronary artery disease with stents, CKD and glaucoma.

He is seen for a medical trip return after being admitted to Tufts for hypoxic respiratory failure 2/2 bilateral pleural effusions, pneumonia, and CHF exacerbation. He is status post thoracentesis for fluid removal which was complicated by pneumothorax requiring chest tube placement which was removed yesterday. He says that everyone is so nice and the ride was nice but bumpy. He also says he feels a lot better. He also reports that he prefers chicken on the bone.

**Pain:** No

**Allergies:**

Allergy

Reaction

Comments

Topamax

Intolerance-other

RXN UNKNOWN

Allergies list reviewed/updated for the presence or absence of allergies, sensitivities, and other reactions to drugs, materials, food and environmental factors with the patient on 01/30/2025 14:19 by Fandreyer, F. FNP

**OBJECTIVE:**

Exam Comments

General: Alert, just finishing lunch

Pulm: mild crackles, speech clear in full sentences, no coughing noted

CV: RRR

Abd: soft, nontender, obese

Musculoskeletal: no edema noted to extremities

Right side torso: CDI dressing over site of chest tube. No drainage noted on dressing.

L elbow: bursitis resolved

**ASSESSMENT:**

Blunt object, Assault by, Y00XXXS - Resolved

Olecranon bursitis, unspecified elbow, M7020 - Resolved

Other ambulatory health services establishments as place of injury/occurrence, Y92538 - Resolved

Other heart failure, I5089 - Current

Pressure ulcer of buttock, L89309 - Resolved

Superficial injury of finger, S60949S - Resolved

Unspecified bacterial pneumonia, J159 - Current

Generated 01/30/2025 14:51 by Fandreyer, F. FNP

Bureau of Prisons - DEV

Page 1 of 6

Inmate Name: ORENA, VICTOR

Date of Birth: 08/04/1934

Encounter Date: 01/31/2025 14:13

Sex: M Race: WHITE  
Provider: Stanwicks, Andrew PT,

Reg #: 07540-085

Facility: DEV

Unit: P01

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
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SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
01/31/2025	12:00	DEV	97 Room Air	Stanwicks, Andrew PT, DPT

### Exam Comments

Bed mobility: not assessed, caregiver staff state that pt needs max assist

#### Transfers

-Sit to stand: pt failed 3x attempted to complete sit to stand with maximal assistance

-Pt's respiratory rate increased significantly and pt produced approximately 1 teaspoon of cloudy white mucus with minimal coughing

#### ROM / contractures

-Pt does not have contractures that limit functional activity

Tinetti: 0/28

### **ASSESSMENT:**

Impaired Muscle Performance

The pt was screened and it was found that the pt presents fully dependent for all functional mobility. Prognosis is poor as the pt has difficulty following 1 step commands, has limited retention, and has poor respiratory reaction with exertion. The pt is not a candidate for physical therapy treatment.

### **PLAN:**

#### **Disposition:**

Follow-up at Sick Call as Needed

Follow-up at Chronic Care Clinic as Needed

#### **Patient Education Topics:**

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
01/31/2025	Counseling	Plan of Care	Stanwicks, Andrew	No Participation

Caregiving staff were educated about prognosis

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Stanwicks, Andrew PT, DPT on 01/31/2025 14:43

Requested to be cosigned by Schonhoff, Andrea PA-C.

Cosign documentation will be displayed on the following page.

Inmate Name: ORENA, VICTOR  
Date of Birth: 08/04/1934  
Encounter Date: 02/06/2025 14:52

Sex: M Race: WHITE  
Provider: Walsh, J. MS, CCC-SLP

Reg #: 07540-085  
Facility: DEV  
Unit: N02

Alert and oriented x1. Able to state he is in "jail" but cannot name the state. Correctly states his month/date of birth, but cannot name the year of his birth or current year, current month, or current day of the week. States that he is currently 19 years old. States he was born in Italy and then his family immigrated to Brooklyn "because of the war" and stayed because "they liked it there." Follows simple commands.

**ASSESSMENT:**

Other

Clearly not 18, He was born in the U.S.

Mr. Orena presents with no overt signs/symptoms of oropharyngeal dysphagia per this bedside swallowing assessment. Voice and speech are WNL. Cognition is impaired, consistent with his diagnosis of Alzheimer's dementia.

**PLAN:**

**Other:**

Plan: No further SLP intervention is warranted at this time re: swallowing. Patient seen for evaluation only.  
Recommend: No changes to patient's diet. Please continue to provide tray set up (by nursing and/or companions) given visual impairments.  
Encourage patient attendance to SLP cognitive-linguistic groups when offered.  
SLP goals: Pt will participate in SLP cognitive-linguistic groups when offered, especially when the activities do not require visual acuity to succeed.

**Patient Education Topics:**

Date Initiated Format  
02/06/2025 Counseling

Handout/Topic  
Plan of Care

Provider  
Walsh, J.

Outcome  
Verbalizes  
Understanding

Pt educated on the role of SLP and purpose of this assessment.

**Copay Required:** No

**Cosign Required:** Yes

**Telephone/Verbal Order:** No

Completed by Walsh, J. MS, CCC-SLP on 02/06/2025 15:15

Requested to be cosigned by Goudreau, S. PA-C.

Cosign documentation will be displayed on the following page.



**Bureau of Prisons  
Health Services  
Clinical Encounter**

Inmate Name: ORENA, VICTOR  
Date of Birth: 08/04/1934  
Encounter Date: 02/06/2025 14:52

Sex: M Race: WHITE  
Provider: Walsh, J. MS, CCC-SLP

Reg #: 07540-085  
Facility: DEV  
Unit: N02

**Reviewed Health Status:** Yes

Speech/Language Pathology - Evaluation encounter performed at Housing Unit.

**SUBJECTIVE:**

COMPLAINT 1 Provider: Walsh, J. MS, CCC-SLP

Chief Complaint: Other Problem

Subjective: Reason "90 yo M with recent hospitalization for bilateral pleural effusions and pneumonia. Patient reports difficulty swallowing at outside hospital. SLP recommendation for thin/easy to chew regular solids and believes aspiration likely related to reflux, no swallowing difficulty. Recommend SLP follow up outpatient. Recommend L7, L0 easy to chew and thin liquid, with 2L fluid restriction with HFrEF." S. Goudreau, PA-C 02/05/2025

PMH: Alzheimer's type dementia, complete heart block (battery replaced 4/11/2022), aortic aneurysm, HFrEF, hyperlipidemia, hypertension, DMII, OA bilateral knees, hemorrhoids, tinea cruris, latent TB, visual impairment, polyneuropathy, coronary artery disease with stents, CKD and glaucoma-Recent hospitalization for: hypoxic respiratory failure 2/2 bilateral pleural effusions, pneumonia, and CHF exacerbation. He is status post thoracentesis for fluid removal which was complicated by pneumothorax requiring chest tube placement (now removed). Patient has returned to the MDU where he needs assistance with all ADLs, transfers and mobility. He is able to feed himself after companion tray set-up.

Pain: Pt stated goal: none stated. Pt denies difficulty swallowing upon interview today.  
No

**Allergies:**

Allergy

Reaction

Comments

Topamax

Intolerance-other

RXN UNKNOWN

Allergies list reviewed/updated for the presence or absence of allergies, sensitivities, and other reactions to drugs, materials, food and environmental factors on 02/06/2025 14:52 by Walsh, J. MS, CCC-SLP

**OBJECTIVE:**

*cannot eat/  
feed himself*

Exam comments

Pt observed feeding himself chicken (removed from bone and broken into bite size pieces by companion), cooked green beans, roasted potatoes, and thin liquid by open cup. Pt with some difficulty getting food on fork due to visual impairments, but chews well and no overt s/s aspiration. No coughing observed. Brief instances of congested sounding voice, but he spontaneously clears his throat to clear congestion.

**Oral Motor Examination:**

Face is symmetric and facial expression is intact. Labial seal is adequate for stripping bolus off fork and open-cup drinking without anterior bolus loss from the lips. Palatal and labial seal maintained when challenged by external pressure (no air escapes from lips or nose). Tongue protrudes to midline with normal ROM. Palate elevates symmetrically. No tremors or fasciculations of the oral or facial structures are observed. Full upper and lower dentures are present and appear to fit well. Oral mucosa is pink and appropriately moist. There is no drooling or pooling of secretions.

**Speech:**

Speech rate and articulatory precision are WFL during spontaneous speech. Speech is 100% intelligible at conversational speech level.

**Orena, Victor**

MRN: 520200765

**Suraj Rao, MD**  
Physician  
Hospital Medicine

Progress Notes    
Addendum

Date of Service: 2/28/2025 8:00 AM

**PROGRESS NOTE**

07580-085

**HISTORY OF PRESENT ILLNESS:**

Patient is a 90-year-old male with a history of CHF, Alzheimer's disease, anemia, diabetes mellitus, presents from prison facility he is on 2 L of oxygen at baseline but this is unclear as patient has dementia. He was apparently put on 4 L and saturating at 93%. History is fairly unreliable as patient has dementia. He thinks that he is from Long Island.

Recent admission at Tufts Medical Center for bilateral pleural effusions that were found and had to be drained. He was also found to have a pneumothorax after that. He had Legionella pneumonia and was treated for this at that time. What prompted this admission was that he was felt like he was short of breath again.

ED evaluation revealed blood pressure of 136/60, heart rate of 71, saturating 94% on 4 L nasal cannula. He was tachypneic on exam. Blood work showed CBC of hemoglobin 10.7, BNP elevated to 4300 similar to prior, BMP was done which showed sodium 146 and K of three 2.5. Troponin high-sensitivity were elevated at 63 and 66. VBG showed CO2 retention.

**SUBJECTIVE:**

Initially was planned for discharge today but patient developed worsening hypoxia and worsening clinical status. Upon evaluation, patient has persistent crackles, increased oxygen requirements of up to 10 L nasal cannula. ICU attending notified and patient will be transferred to ICU level of care. He has also not put out much urine since last night.

**Review of systems:** All other systems were reviewed and were negative.

**OBJECTIVE:****VITAL SIGNS FOR PAST 24 Hours ([High] [Low] (Last Recorded Value)):****Vitals:**

	02/28/25 1345
BP:	129/75
Pulse:	65
Resp:	(I) 23
Temp:	
SpO2:	98%

**I/Os LAST 24 HOURS:**

Intake/Output Summary (Last 24 hours) at 3/1/2025 0833  
Last data filed at 2/28/2025 1218

Gross per 24 hour

Intake	—
Output	150 ml
Net	-150 ml

**PHYSICAL EXAM:**

**GENERAL:** The patient is awake, ill-appearing, unable to assess orientation due to dementia

**HEENT:** Pupils are equal and reactive. No pallor or icterus.

**HEART:** S1, S2 heard.

**LUNGS:** Crackles present bilaterally. On 10 L nasal cannula OxyMask

**ABDOMEN:** Soft, nontender, nondistended. Bowel sounds heard. No hepatosplenomegaly.

Orena, Victor

Fac: Heywood Hospital

Loc: Watkins 1

Bed: W122-1

90 M 08/04/1934

Med Rec Num: H000431760

Visit: HH0070081237

Attending: Edna A MarkAddy

Reg Date: 02/28/25

Reason: Acute on chronic hypoxic resp failure

## Diagnosis

Type 2 diabetes mellitus without complications (02/28/25)  
Encephalopathy, unspecified (02/28/25)  
Acute on chronic systolic (congestive) heart failure (02/28/25)  
Acute and chronic respiratory failure with hypoxia (02/28/25)  
Acute and chronic respiratory failure with hypercapnia (02/28/25)

## Discharge Diagnosis

## Discharge Diagnosis

Acute on chronic systolic congestive heart failure with underlying history of CAD, acute on chronic hypoxic and hypercapnic respiratory failure-stable

## Allergies

Allergy/AdvReac	Type	Severity	Reaction	Status	Date / Time
topiramate [From Topamax]	Allergy		Unknown	Verified	02/28/25 16:49

## Advanced Directives

Health Care Proxy

Yes

## Height and Weight

Height

5 ft 4 in

Weight

203 lb 7 oz

## Laboratory

03/03/25 11:09: POC Glucose 226 H

03/03/25 07:31: POC Glucose 160 H

03/03/25 06:05: WBC 6.91, RBC 3.87 L, Hgb 10.8 L, Hct 34.7 L, MCV 89.7, MCH 27.9, MCHC 31.1, RDW 14.8 H, Plt Count 188, Immature Gran % (Auto) 0.4, Neut % (Auto) 67.0 H, Lymph % (Auto) 19.2 L, Mono % (Auto) 11.0, Eos % (Auto) 1.4, Baso % (Auto) 1.0, Lymph # (Auto) 1.33, Mono # (Auto) 0.76, Eos # (Auto) 0.10, Baso # (Auto) 0.07, Abs Immat Gran (auto) 0.03, Absolute Neuts (auto) 4.62, Absolute Nucleated RBC 0.00, Nucleated RBC % (auto) 0.0, Sodium 145, Potassium 3.8, Chloride 105, Carbon Dioxide 30 H, Anion Gap 13, BUN 17, Creatinine 0.97, Estimated GFR 74, Glucose 167 H, Calcium 9.4, Phosphorus 2.5, Magnesium 2.30, Total Bilirubin 0.7, AST 14, ALT 7, Alkaline Phosphatase 45, Total Protein 6.6, Albumin 3.9, Globulin 2.7, Albumin/Globulin Ratio 1.5

03/02/25 21:16: POC Glucose 148 H

03/02/25 16:34: POC Glucose 151 H

# Bureau of Prisons Health Services Clinical Encounter

Inmate Name: ORENA, VICTOR  
Date of Birth: 08/04/1934  
Encounter Date: 03/04/2025 12:06

Sex: M Race: WHITE  
Provider: Churchville, Lawrence MD

Reg #: 07540-085  
Facility: DEV  
Unit: N02

**Reviewed Health Status:** Yes

Physician - Medical Trip Return encounter performed at Housing Unit.

**SUBJECTIVE:**

COMPLAINT 1 Provider: Churchville, Lawrence MD

Chief Complaint: Medical Trip Return

Subjective: Date of admission: 2/27/2025 Leominster Hospital  
2/28/2025 Henry Heywood Hospital  
Date of discharge: 3/3/2025

Reason for admission: Dyspnea  
Discharge diagnosis: Acute respiratory failure  
Acute systolic heart failure  
Diabetes Mellitus Type II

Orena, Victor 07540-085 Mr. Orena is an 89 year old MDU resident with no PRD who arrived at FMC Devens on 11/18/2015 with a past medical history significant for Alzheimer's type dementia, complete heart block pacemaker dependent (battery replaced 4/11/2022), aortic aneurysm, HFrEF, hyperlipidemia, hypertension, DMII, OA bilateral knees, hemorrhoids, tinea cruris, latent TB, polyneuropathy, coronary artery disease with stents, CKD and glaucoma..

On 2/27/2025, he was sent to the ER because of dyspnea. He was found to be in heart failure with elevated BNP (4300), troponin and CO2 retention. He was transferred to Henry Heywood Hospital the next day because of Custody issues. He was aggressively diuresed with benefit. Imaging revealed bilateral pleural effusion right >left.

**Pain:** He was discharged back to FMC Devens on 3/3/2025.  
Not Applicable

**Allergies:**

Allergy	Reaction	Comments
Topamax	Intolerance-other	RXN UNKNOWN

Allergies list reviewed/updated for the presence or absence of allergies, sensitivities, and other reactions to drugs, materials, food and environmental factors with the patient on 03/04/2025 12:06 by Churchville, Lawrence MD

**OBJECTIVE:**

**Temperature:**

Date	Time	Fahrenheit	Celsius	Location	Provider	
03/04/2025	05:40	DEV	98.0	36.7	Forehead	Mcclurken, Mark RN

**Pulse:**

Date	Time	Rate Per Minute	Location	Rhythm	Provider
03/04/2025	05:40	DEV	90	Via Machine	Mcclurken, Mark RN

**Respirations:**

Date	Time	Rate Per Minute	Provider
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**FMC Devens DEV**

Patient: ORENA VICTOR (Male)  
Register#: 07540-085  
Date: 03/10/25 12:54  
Slice count: 2  
History: CHF  
Priors:  
Exams: XR CXR 2 VIEWS  
Referring Phy: Churchville L. MD  
Ordering Phy:  
Ordering Phy #:  
Accession Numbers: 1.2.840.113619.2.203.4.2147483647.1741623256.803579

DOB: 08/04/34  
Age: 90  
Status: OP

**Final Report**

**Exam:** XR CXR 2 VIEWS

**HISTORY:** See above

**TECHNIQUE:** Frontal and Lateral views obtained

**COMPARISON:** 02/25/25

**FINDINGS:** The cardiac silhouette is enlarged. Low lung volumes. Left chest abandoned pacemaker leads. Right chest pacemaker stable. There is diminished pulmonary vascular congestion. There is persistent right base consolidation. There is bilateral pleural effusion likely diminished. No pneumothorax. Thoracic musculoskeletal structures are age appropriate.

**IMPRESSION:**

Diminished pulmonary vascular congestion.

Persistent right base consolidation with suspected diminished bilateral pleural effusions.

Stable cardiomegaly.

Radiologist: Maurice Yu, MD

Study first marked ready to read at 12:55, study last marked ready to read at 12:55, initial results transmitted at 13:23

Inmate Name: ORENA, VICTOR  
Date of Birth: 08/04/1934  
Encounter Date: 01/30/2025 14:19

Sex: M Race: WHITE  
Provider: Fandreyer, F. FNP

Reg #: 07540-085  
Facility: DEV  
Unit: P01

**PLAN:**

**Medication Reconciliation.**

The patient's known medication list including OTC items was compiled and compared to new and changed BOP orders.

24 medications Daily

**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	risperiDONE Oral Tablet	01/30/2025 14:19
	<u>Prescriber Order:</u> 0.5 mg Orally - daily PRN x 180 day(s) - 0.5 mg po daily as needed for agitation	
	Indication: Unspecified dementia with behavioral disturbance	
	Spironolactone Oral Tablet	01/30/2025 14:19
	<u>Prescriber Order:</u> 12.5 mg Orally - daily x 180 day(s)	
	Indication: Hypertension, Benign Essential, Atrioventricular block, complete	
	Tamsulosin HCl Capsule	01/30/2025 14:19
	<u>Prescriber Order:</u> 0.4 mg Orally each evening x 180 day(s)	
	Indication: Unsp symptoms and signs involving the genitourinary system	
	traZODone Tablet	01/30/2025 14:19
	<u>Prescriber Order:</u> 50 mg Orally at bedtime PRN x 180 day(s) - 50 mg po at bedtime if needed for agitation	
	Indication: Unspecified dementia with behavioral disturbance	

**Renew Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
657214-DEV	Donepezil HCL 5 MG Tab UD	01/30/2025 14:19
	<u>Prescriber Order:</u> Take one tablet (5 MG) by mouth each morning x 180 day(s) Pill Line Only	
	Indication: Mild cognitive impairment, so stated	
657215-DEV	Dorzolamide-Timolol Opht Soln 22.3-6.8mg/ml 10ML	01/30/2025 14:19
	<u>Prescriber Order:</u> Place 1 drop in both eyes twice daily x 365 day(s) Pill Line Only	
	Indication: Chronic angle-closure glaucoma	
657216-DEV	Ferrous Gluconate 324 MG Tab UD	01/30/2025 14:19
	<u>Prescriber Order:</u> Take one tablet by mouth three times a week on empty stomach x 365 day(s) Pill Line Only	
	Indication: Anemia, unspecified	
639379-DEV	Glucose 4 GM Tab	01/30/2025 14:19
	<u>Prescriber Order:</u> Chew and swallow 4 tablets (16 GM) by mouth AS NEEDED for hypoglycemia and alert medical PRN x 365 day(s) Pill Line Only	
	Indication: Diabetes mellitus, type II (adult-onset)	
657220-DEV	Insulin NPH (10 ML) 100 UNITS/ML INJ	01/30/2025 14:19
	<u>Prescriber Order:</u> Inject 22 units of NPH insulin subcutaneously each evening x 365 day(s) Pill Line Only	
	Indication: Diabetes mellitus, type II (adult-onset)	
657219-DEV	Insulin NPH (10 ML) 100 UNITS/ML INJ	01/30/2025 14:19
	<u>Prescriber Order:</u> Inject 22 units of NPH insulin subcutaneously each morning x 365 day(s) Pill Line Only	

Inmate Name: ORENA, VICTOR  
Date of Birth: 08/04/1934  
Encounter Date: 01/30/2025 14:19

Sex: M Race: WHITE  
Provider: Fandreyer, F. FNP

Reg #: 07540-085  
Facility: DEV  
Unit: P01

**Renew Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Line Only Indication: Diabetes mellitus, type II (adult-onset)	
657222-DEV	Insulin Reg (10 ML) 100 UNITS/ML Inj <u>Prescriber Order:</u> Inject 8 units of regular insulin subcutaneously each evening x 365 day(s) Pill Line Only Indication: Diabetes mellitus, type II (adult-onset)	01/30/2025 14:19
639385-DEV	Insulin Reg (10 ML) 100 UNITS/ML Inj <u>Prescriber Order:</u> Inject 8 units of regular insulin subcutaneously each morning x 365 day(s) Pill Line Only Indication: Diabetes mellitus, type II (adult-onset)	01/30/2025 14:19
657223-DEV	Latanoprost Ophth Soln 0.005% [2.5ml] <u>Prescriber Order:</u> Place 1 drop in both eyes each evening x 365 day(s) Pill Line Only Indication: Chronic angle-closure glaucoma	01/30/2025 14:19
660406-DEV	Memantine 10 MG Tab <u>Prescriber Order:</u> Take one tablet (10 MG) by mouth twice daily x 180 day(s) Pill Line Only Indication: Mild cognitive impairment, so stated	01/30/2025 14:19
658938-DEV	Nystatin Powder 100,000 UNIT/GM [30 GM] <u>Prescriber Order:</u> Apply topically to the affected area(s) three times daily (inguinal/groin, pannus) ***pill line*** x 180 day(s) Pill Line Only Indication: Tinea cruris	01/30/2025 14:19
656750-DEV	Acetaminophen 325 MG Tab <u>Prescriber Order:</u> Take two tablets (650 MG) by mouth three times daily x 180 day(s) Pill Line Only Indication: Osteoarthritis, generalized	01/30/2025 14:19
639369-DEV	Aspirin 81 MG EC Tab <u>Prescriber Order:</u> Take one tablet (81 MG) by mouth each day x 365 day(s) Pill Line Only Indication: Non-ST elevation (NSTEMI) myocardial infarction	01/30/2025 14:19
647276-DEV	Atorvastatin 20 MG TAB UD <u>Prescriber Order:</u> Take one tablet (20 MG) by mouth each evening for control of cholesterol x 365 day(s) Pill Line Only Indication: Hyperlipidemia, mixed	01/30/2025 14:19
639370-DEV	Cholecalciferol (Vit D) 50,000 UNIT (1.25 mg)Cap <u>Prescriber Order:</u> Take one capsule by mouth once a month on the first of the month x 365 day(s) Pill Line Only Indication: Vitamin D deficiency	01/30/2025 14:19
660405-DEV	Citalopram 10 MG Tab UD <u>Prescriber Order:</u> Take one tablet (10 MG) by mouth every night at bedtime x 180 day(s) Pill Line Only Indication: Unspecified dementia with behavioral disturbance	01/30/2025 14:19
657329-DEV	Clopidogrel Bisulfate 75 MG Tab UD	01/30/2025 14:19

Inmate Name: ORENA, VICTOR  
Date of Birth: 08/04/1934  
Encounter Date: 01/30/2025 14:19

Sex: M Race: WHITE  
Provider: Fandreyer, F. FNP

Reg #: 07540-085  
Facility: DEV  
Unit: P01

**Renew Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	<b><u>Prescriber Order:</u></b> Take one tablet (75 MG) by mouth daily x 365 day(s) Pill Line Only Indication: Non-ST elevation (NSTEMI) myocardial infarction	
657213-DEV	Cromolyn OPTH Solution 4%, 10ML	01/30/2025 14:19
	<b><u>Prescriber Order:</u></b> Place 2 drops in both eyes four times daily x 365 day(s) Pill Line Only Indication: Allergic rhinitis	
656751-DEV	Docusate Sodium 100 MG Cap	01/30/2025 14:19
	<b><u>Prescriber Order:</u></b> Take one capsule (100 MG) by mouth twice daily AS NEEDED for hard or infrequent stools - Take with a glassful of water PRN x 180 day(s) Pill Line Only Indication: Unspecified hemorrhoids, Constipation, unspecified	

**Reconciled Medications:**

<u>Source</u>	<u>Action</u>	<u>Type</u>	<u>Rx#</u>	<u>Medication</u>	<u>Order Detail</u>
BOP	Continue	Rx	656750-DEV	Acetaminophen 325 MG Tab	Take two tablets (650 MG) by mouth three times daily
BOP	Continue	Rx	639369-DEV	Aspirin 81 MG EC Tab	Take one tablet (81 MG) by mouth each day
BOP	Continue	Rx	647276-DEV	Atorvastatin 20 MG TAB UD	Take one tablet (20 MG) by mouth each evening for control of cholesterol
BOP	Continue	Rx	639370-DEV	Cholecalciferol (Vit D) 50,000 UNIT (1.25 mg)Cap	Take one capsule by mouth once a month on the first of the month
BOP	Continue	Rx	660405-DEV	Citalopram 10 MG Tab UD	Take one tablet (10 MG) by mouth every night at bedtime
BOP	Continue	Rx	657329-DEV	Clopidogrel Bisulfate 75 MG Tab UD	Take one tablet (75 MG) by mouth daily
BOP	Continue	Rx	657213-DEV	Cromolyn OPTH Solution 4%, 10ML	Place 2 drops in both eyes four times daily
BOP	Continue	Rx	656751-DEV	Docusate Sodium 100 MG Cap	Take one capsule (100 MG) by mouth twice daily AS NEEDED for hard or infrequent stools - Take with a glassful of water
BOP	Continue	Rx	657214-DEV	Donepezil HCL 5 MG Tab UD	Take one tablet (5 MG) by mouth each morning
BOP	Continue	Rx	657215-DEV	Dorzolamide-Timolol Opht Soln 22.3-6.8mg/ml 10ML	Place 1 drop in both eyes twice daily
BOP	Continue	Rx	657216-DEV	Ferrous Gluconate 324 MG Tab UD	Take one tablet by mouth three times a week on empty stomach
BOP	Continue	Rx	639379-DEV	Glucose 4 GM Tab	Chew and swallow 4 tablets (16 GM) by mouth AS NEEDED for hypoglycemia and alert medical
BOP	Continue	Rx	657220-DEV	Insulin NPH (10 ML) 100 UNITS/ML INJ	Inject 22 units of NPH insulin subcutaneously each evening
BOP	Continue	Rx	657219-DEV	Insulin NPH (10 ML) 100 UNITS/ML INJ	Inject 22 units of NPH insulin subcutaneously each morning
BOP	Continue	Rx	657222-DEV	Insulin Reg (10 ML) 100 UNITS/ML Inj	Inject 8 units of regular insulin subcutaneously each evening
BOP	Continue	Rx	639385-DEV	Insulin Reg (10 ML) 100 UNITS/ML Inj	Inject 8 units of regular insulin subcutaneously each morning



Inmate Name: ORENA, VICTOR  
Date of Birth: 08/04/1934  
Encounter Date: 01/30/2025 14:19

Sex: M Race: WHITE  
Provider: Fandreyer, F. FNP

Reg #: 07540-085  
Facility: DEV  
Unit: P01

Source	Action	Type	Rx#	Medication	Order Detail
BOP	Continue	Rx	657223-DEV	Latanoprost Ophth Soln 0.005% [2.5ml]	Place 1 drop in both eyes each evening
BOP	Continue	Rx	660406-DEV	Memantine 10 MG Tab	Take one tablet (10 MG) by mouth twice daily
BOP	Discontinue	Rx	657224-DEV	Metoprolol Succ XL 24 Hour 25 MG Tab UD	Take one tablet (25 MG) by mouth each day
Discontinue Reason: discontinue					
BOP	Continue	Rx	658938-DEV	Nystatin Powder 100,000 UNIT/GM [30 GM]	Apply topically to the affected area(s) three times daily (inguinal/groin, pannus) ***pill line***
BOP	Discontinue	Rx	660421-DEV	risperiDONE 0.5 MG Tab UD	Take one tablet (0.5 MG) by mouth daily AS NEEDED for agitation
Discontinue Reason: discontinue					
Communit y/Contract Hospital	Continue	Rx	Order	risperiDONE Oral Tablet	0.5 mg po daily as needed for agitation
BOP	Discontinue	Rx	639363-DEV	Spironolactone 25 MG Tab	Take one-half (1/2) tablet (12.5 MG) by mouth each day
Discontinue Reason: discontinue					
Communit y/Contract Hospital	Continue	Rx	Order	Spironolactone Oral Tablet	12.5 mg daily PO
BOP	Discontinue	Rx	639364-DEV	Tamsulosin HCl 0.4 MG Cap	Take one capsule (0.4 MG) by mouth each evening
Discontinue Reason: discontinue					
Communit y/Contract Hospital	Continue	Rx	Order	Tamsulosin HCl Capsule	0.4 mg po each evening
BOP	Discontinue	Rx	660407-DEV	traZODone HCl 50 MG Tab UD	Take one tablet (50 MG) by mouth every night at bedtime AS NEEDED as directed
Discontinue Reason: discontinue					
Communit y/Contract Hospital	Continue	Rx	Order	traZODone Tablet	50 mg po at bedtime if needed for agitation
OTC					
No known OTCs					

**New Non-Medication Orders:**

Order	Frequency	Duration	Details	Ordered By
Vitals	TID	7 days	O2 sat each shift. If less than 90% on RA, please notify provider.	Fandreyer, F. FNP

Order Date: 01/30/2025

**Disposition:**

Follow-up at Sick Call as Needed

**Other:**

med rec completed

**Patient Education Topics:**

Date Initiated	Format	Handout/Topic	Provider	Outcome
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**Bureau of Prisons  
Health Services  
Clinical Encounter**

Inmate Name: ORENA, VICTOR  
Date of Birth: 08/04/1934  
Encounter Date: 03/09/2023 19:33

Sex: M Race: WHITE  
Provider: Pomaies-Lopez, Clara RN

Reg #: 07540-085  
Facility: DEV  
Unit: N02

Nursing - Nursing Care Center Monthly Note encounter performed at Housing Unit.

**SUBJECTIVE:**

COMPLAINT 1 Provider: Pomaies-Lopez, Clara RN

Chief Complaint: Behavioral Health Problem

Subjective: "I'm doing better. I had a cold for a couple of days. Yeah I tried calling my son and my wife but no answer."

(His wife Passed away 10 years prior)

Inmate Orena is seen in the nurses station for his monthly note and his yearly SLUMS assessment. He is alert and oriented x3. Inmate spends most of his time in his cell. Comes out sometimes for meals and to make phone calls. Poor vision, needs assistance with ADL's. He is medication and meal compliant. It was reported he was agitated this morning, swearing at staff and he was locked in his cell. No other behavioral issues. Inmate continues to be at baseline.

Pain: No

**ROS:**

**Nursing Care Center Monthly Note**

**GI - General**

Yes: Within Normal Limits

**GU - General**

Yes: Within Normal Limits

**Ears**

Yes: Within Normal Limits

**Eyes**

Yes: Blurred Vision, Cataracts

No: Within Normal Limits

**Mouth**

Yes: Within Normal Limits

**Respiratory**

Yes: Within Normal Limits

**Activity**

Yes: Assist with Care

**Assistive Devices**

Yes: Has Assistive Device, Wheelchair

**Education**

No: Cultural or religious beliefs that affect learning

**Fall Risk (Morse Scale)**

Yes: Falls Precautions Required

**Hygiene**

Yes: Assist with ADLs, BM within the last 3 days

**Bureau of Prisons  
Health Services  
Clinical Encounter**

Inmate Name: ORENA, VICTOR

Date of Birth: 08/04/1934

Encounter Date: 05/08/2023 09:18

Sex: M Race: WHITE  
Provider: Procaccini, Sherri RN

Reg #: 07540-085

Facility: DEV

Unit: N02

Nursing - Nursing Care Center Monthly Note encounter performed at Housing Unit.

**SUBJECTIVE:**

COMPLAINT 1 Provider: Procaccini, Sherri RN

Chief Complaint: Behavioral Health Problem

Subjective: Monthly nursing note.

"Is the car ready? I need you to take me to the store."

Inmate Orena is at baseline for behavior. He has a good memory but is delusional most of the time and feels that he is the one in charge. He requires assistance with all ADL's and has been having incontinence issues more frequently. He takes his medications with hesitation as he said his doctor does not want him to take them. He continues to refuse his eye drops as he feels they "don't do anything."

Pain: No

**ROS:**

**Nursing Care Center Monthly Note**

**GI - General**

No: Within Normal Limits (Describe:: more episodes of fecal incontinence)

**GU - General**

Yes: Incontinence

No: Within Normal Limits (Describe:: more episodes of incontinence)

**Ears**

Yes: Within Normal Limits

**Eyes**

Yes: Hx Eye Glasses, Hx Glaucoma

No: Within Normal Limits

**Mouth**

Yes: Within Normal Limits

**Respiratory**

Yes: Within Normal Limits

**Activity**

Yes: Assist with Care

**Assistive Devices**

Yes: Has Assistive Device, Wheelchair

**Education**

Yes: Physical or cognitive limitations

No: Cultural or religious beliefs that affect learning

**Fall Risk (Morse Scale)**

Yes: Falls Precautions Required (Score:: 35)

**Bureau of Prisons  
Health Services  
Clinical Encounter**

Inmate Name: ORENA, VICTOR  
Date of Birth: 08/04/1934  
Encounter Date: 06/07/2023 08:56

Sex: M Race: WHITE  
Provider: Procaccini, Sherri RN

Reg #: 07540-085  
Facility: DEV  
Unit: N02

Nursing - Nursing Care Center Monthly Note encounter performed at Housing Unit.

**SUBJECTIVE:**

COMPLAINT 1 Provider: Procaccini, Sherri RN

Chief Complaint: Behavioral Health Problem

Subjective: Monthly nursing note.

"What are you doing here? You are not supposed to be here today. Are we taking the car today?"

Inmate Orena is at baseline for behavior. He has a good memory but is delusional at times. He is requiring more assistance with completing ADL's and is spending more time in his room. He no longer walks laps around the unit as he sometimes complains of knee pain.

Pain: Yes

**Pain Assessment**

Date: 06/07/2023 09:03  
Location: Knee-bilateral  
Quality of Pain: Aching  
Pain Scale: 5  
Intervention: prescribed Tylenol  
Trauma Date/Year:  
Injury:  
Mechanism:  
Onset: 5+ Years  
Duration: 5+ Years  
Exacerbating Factors: walking  
Relieving Factors: rest  
Reason Not Done:  
Comments:

**ROS:**

**Nursing Care Center Monthly Note**

**GI - General**

No: Within Normal Limits (Describe:: more episodes of fecal incontinence)

**GU - General**

Yes: Incontinence

No: Within Normal Limits (Describe:: incontinent at times and wears briefs)

**Ears**

Yes: Within Normal Limits

**Eyes**

Yes: Hx Glaucoma

**Bureau of Prisons  
Health Services  
Clinical Encounter**

Inmate Name: ORENA, VICTOR  
Date of Birth: 08/04/1934  
Encounter Date: 08/06/2023 08:18

Sex: M Race: WHITE  
Provider: Procaccini, Sherri RN

Reg #: 07540-085  
Facility: DEV  
Unit: N02

Nursing - Nursing Care Center Monthly Note encounter performed at Housing Unit.

**SUBJECTIVE:**

COMPLAINT 1 Provider: Procaccini, Sherri RN

Chief Complaint: Behavioral Health Problem

Subjective: Monthly nursing note.

"What are you doing here? I fired you. You are going to get in trouble for being here."

Inmate Orena is at baseline for behavior. He believes he is not in prison and that he is in charge. He spends most of the day napping or using the phone. He no longer ambulates around the unit as he complains that his knees are bad. He requires assistance with ADL's and is able to make his needs known.

Pain: No

**ROS:**

**Nursing Care Center Monthly Note**

**GI - General**

Yes: Within Normal Limits

**GU - General**

Yes: Incontinence

No: Within Normal Limits (Describe:: more incontinent at times)

**Ears**

Yes: Within Normal Limits

**Eyes**

Yes: Hx Glaucoma

No: Within Normal Limits

**Mouth**

Yes: Within Normal Limits

**Respiratory**

Yes: Within Normal Limits

**Activity**

Yes: Assist with Care

**Assistive Devices**

Yes: Has Assistive Device, Wheelchair

**Education**

Yes: Physical or cognitive limitations

No: Cultural or religious beliefs that affect learning

**Fall Risk (Morse Scale)**

Yes: Falls Precautions Required (Score:: 35)

**Hygiene**

**Bureau of Prisons  
Health Services  
Clinical Encounter**

Inmate Name: ORENA, VICTOR  
Date of Birth: 08/04/1934  
Encounter Date: 10/17/2023 08:13

Sex: M Race: WHITE  
Provider: Kennedy, James MD

Reg #: 07540-085  
Facility: DEV  
Unit: N02

Chronic Care - Chronic Care Clinic encounter performed at Telehealth.

**SUBJECTIVE:**

COMPLAINT 1 Provider: Kennedy, James MD

Chief Complaint: Behavioral Health Problem

Subjective: Patient is a 89-year-old white male with known diagnosis of Alzheimer's Disease. He was seen today for routine Mental Health CCC on the MDU unit. He was last seen by his provider on 9/1/23. During that encounter, he appeared to be at his baseline. There were no changes made to his treatment plan and a three month follow up was requested.

Current Psychotropic Medications:  
Risperdal 0.5 mg qd prn agitation  
Celexa (Citalopram) 10mg QHS  
Trazodone 50mg PO QHS  
Aricept (Donepezil) 5mg qam  
Namenda (Memantine) 10mg PO BID

Medication issues: Patient reports no problem with his medication.

EKG from 7/19/23 showed a QTc interval of 533 msec. Will continue to monitor.

AIMS q 6 months due Jan 2024.

Recent Events: Staff reports patient has Adequate Food Consumption and Adequate Hydration. Currently he presents at baseline and does not appear in any distress.

Pain:

Chief Complaint: "Why am I here? Did I do something wrong?"  
Not Applicable

Seen for clinic(s): Mental Health

**ROS:**

**Psychiatric**

**General**

Yes: Concentration-Decreased, Memory Impaired, Confused, Disoriented, Thoughts Not Organized/Irrational

No: Mood Impaired, Anxious, Sleep Impaired, Energy Impaired, Appetite Impaired, Hallucinations, Suicide/Self-Harm Thoughts, Homicide/Other Harm Thoughts, Appears Down, Affect Blunted/Bland, Manic/Hypomanic, Uncooperative/Argumentative, Angry/Irritable, Hostile/Threatening, Agitated/Distressed, Paranoid/Guarded/Suspicious, Restless/Fidgety, Unresponsive, Not Engaged/Non-Spontaneous

**OBJECTIVE:**

**ROS Comments**

Patient states his mood is good. He states he is relaxed.

Patient denies having difficulty sleeping. He states his energy is good. He states he runs this hospital and has to have good energy.

**Bureau of Prisons  
Health Services  
Clinical Encounter**

Inmate Name: ORENA, VICTOR  
Date of Birth: 08/04/1934  
Encounter Date: 11/05/2023 16:44

Sex: M Race: WHITE  
Provider: Babineau, William RN

Reg #: 07540-085  
Facility: DEV  
Unit: N02

Nursing - Nursing Care Center Monthly Note encounter performed at Housing Unit.

**SUBJECTIVE:**

COMPLAINT 1 Provider: Babineau, William RN

Chief Complaint: Behavioral Health Problem

Subjective: "Hey kid how you doin? Can you heat up my food some more."  
Inmate Orena is at baseline for behavior. He believes he is not in prison and that he is in charge. He spends most of the day napping or using the phone. He no longer ambulates around the unit as he complains that his knees are bad. He requires assistance with ADL's and is able to make his needs known. Inmate notifies companions and staff of needs by banging on the door.

Pain: No

**ROS:**

**Nursing Care Center Monthly Note**

**GI - General**

Yes: Within Normal Limits

**GU - General**

Yes: Incontinence

No: Within Normal Limits

**Ears**

Yes: Within Normal Limits

**Eyes**

Yes: Hx Glaucoma

No: Within Normal Limits

**Mouth**

Yes: Within Normal Limits

**Respiratory**

Yes: Within Normal Limits

**Activity**

Yes: Assist with Care

**Assistive Devices**

Yes: Has Assistive Device, Wheelchair

**Education**

Yes: Physical or cognitive limitations

No: Cultural or religious beliefs that affect learning

**Fall Risk (Morse Scale)**

Yes: Falls Precautions Required (Score:: 35)

**Hygiene**

Yes: Assist with ADLs, BM within the last 3 days

**Nutrition and Hydration**

**Bureau of Prisons  
Health Services  
Clinical Encounter**

Inmate Name: ORENA, VICTOR  
Date of Birth: 08/04/1934  
Encounter Date: 12/04/2023 15:39

Sex: M Race: WHITE  
Provider: Procaccini, Sherri RN

Reg #: 07540-085  
Facility: DEV  
Unit: N02

Nursing - Nursing Care Center Monthly Note encounter performed at Housing Unit.

**SUBJECTIVE:**

COMPLAINT 1 Provider: Procaccini, Sherri RN

Chief Complaint: Behavioral Health Problem

Subjective: Monthly nursing note.

"What are you doing here? Your not supposed to be working. I fired you."

Inmate is at baseline for behavior over the past month. He is delusional at times as he believes he is the president of the United States and he is in charge. He requires full assistance performing all ADL's and no longer ambulates around the unit. He is able to transfer from his wheelchair to bed with help from the companions. He spends most of the day in his cell listening to the radio. He does make daily phone calls to his family.

Pain: Yes

**Pain Assessment**

Date: 12/04/2023 15:44  
Location: Knee-bilateral  
Quality of Pain: Aching  
Pain Scale: 4  
Intervention: inmate has standing order for Tylenol  
Trauma Date/Year: 07/06/2023  
Injury: Head and face injury  
Mechanism: Assaulted by another  
Onset: 5+ Years  
Duration: 5+ Years  
Exacerbating Factors: walking  
Relieving Factors: rest  
Reason Not Done:  
Comments:

**ROS:**

**Nursing Care Center Monthly Note**

**GI - General**

Yes: Within Normal Limits

**GU - General**

Yes: Within Normal Limits, Incontinence

**Ears**

Yes: Within Normal Limits

**Eyes**

Yes: Hx Eye Glasses, Hx Glaucoma

No: Within Normal Limits (Describe: refuses eye drops)